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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078100 (1)

1. Corporation Name

F & M UNCLAIMED FURNITURE, INC.

Principal Place of Business

590 LAKE KATHRYN CIRCLE
CASSELBERRY FL 32707

Mailing Address

590 LAKE KATHRYN CIRCLE
CASSELBERRY FL 32707-3002



2. Principal Place of Business

21 5071 EDGEWATER DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 5071 EDGEWATER DR.
Suite, Apt. #, etc.

City & State

23 ORLANDO FLORIDA 32810
Zip Country

City & State

28 ORLANDO, FLORIDA
Zip Country

24 32810

25

29 32810

30

9. Name and Address of Current Registered Agent

JACOBS, MARGIE
590 LAKE KATHRYN CIRCLE
CASSELBERRY FL 32707

3. Date Incorporated or Qualified

10/09/1995

3a. Date of Last Report

10/24/1996

4. FEI Number

59-3341487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name Marcia G. Mobley

82 Street Address (P.O. Box Number is Not Acceptable)

3601 Midiron Drive

83 Winter Park FL

84 City Winter Park

FL

85 Zip Code

32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Director / President
NAME Marcia G. Mobley
STREET ADDRESS 3601 Midiron Drive
CITY-ST-ZIP Winter Park, Florida 32789

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

4-28-97 407-523-3222

CR2E034 (9/96)